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Amend

97 SEP 19 AN IO: 33
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

TRESPORTS SEP 2 7 2007.

LAW OFFICES OF

DAVID W. GRIFFIN, P.A.

ATTORNEY AND COUNSELOR AT LAW honest.lawyer@gte.net
THE TOWN CENTRE
565 SOUTH DUNCAN AVENUE
CLEARWATER, FLORIDA

33756

FAX (727) 466-9777

September 17, 2007

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

TELE (727) 466-6900

COSMEDDEN, INC.

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

Dear Sir or Madam:

Enclosed herewith for filing is the Articles of Amendment of Articles of Organization for the above-referenced Florida corporation. Also enclosed is our trust account check in the amount of \$35.00 for the filing fee.

Please return the letter of acknowledgment to our office in the enclosed envelope. Thank you for your assistance in this regard. Please call if you need additional information.

Sincerely,

DAVID W. GRIFFIN

ljj/enc.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: COSMEDDE	N, INC.	-	
DOCUMENT NU	MBER: <u>P07000045896</u>			
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing	g.	
Please return all co	orrespondence concerning this	s matter to the follow	ving:	
DA	/ID W. GRIFFIN, ESQUIR			
DA	,	of Contact Person)		
DA	VID W. GRIFFIN, P.A.	m/ Company)		
565	SOUTH DUNCAN AVEN	UE (Address)		
CLE	EARWATER, FL 33756	(Addicss)		
	(City/ St	ate and Zip Code)		
For further inform	ation concerning this matter,	please call:		
DAVID W. GRIFF	IN, ESQUIRE ne of Contact Person)	at (<u>727</u>	466-6900	elephone Number)
•	k for the following amount:	(Alta Cour	, & Daytime To	nephone (varioer)
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing F Certified Copy (Additional copenclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	ection porations g c Center Circ	le

Articles of Amendment to Articles of Incorporation of

COSMEDDEN, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P07000045896

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

If an amendment provides for exchange, reclassification, or cancellation of issue for implementing the amendment if not contained in the amendment itself: (if no	•
(Attach additional pages if necessary)	
	······································
	
Clearwater, FL 33760.	·
as President, Secretary, Treasurer, and Director, 15950 Bay Vista D	rive, #390,
ARTICLE VII - The initial officer and director of the corporation is Moha	ammed Baker,
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)	Article Number(s)
(A professional corporation must contain the word "chartered", "professional association," or the	

The date of each amendment(s)	adoption:	Augu	<u>ıst 24,</u>	2007	
Effective date if applicable:	August	24,	2007		
(r	no more than 90 o	lays afte	r amendment	file date)	
Adoption of Amendment(s)	(CHECK	ONE)		
The amendment(s) we the amendment(s) by	as/were approv the shareholde	ed by rs was	the shareho /were suffic	lders. The number cient for approval.	of votes cast for
The amendment(s) we following statement m separately on the ame	iust be separai	ed by tely pro	the shareho ovided for e	lders through voti ach voting group	ng groups. The entitled to vote
"The number of ve	otes cast for th	ie amei	ndment(s) v	vas/were sufficien	t for approval by
	(voting group)		 -	
The amendment(s) we and shareholder action			ne board of	directors without	shareholder action
The amendment(s) was shareholder action we			ne incorpor	ators without shar	eholder action and
				$\overline{}$	
					$\overline{}$
Signature			affina if di	rectors or officers hav	ro not have
selected		itor - if i	n the hands o	f a receiver, trustee, o	
Moha	mmed Baker				
	(Typed	or printe	ed name of pe	rson signing)	
Presi	dent				
 		Clitle	of person sig	mine)	

FILING FEE: \$35